

## TRANSCRIPT ORDER

FOR COURT USE ONLY

DUE DATE:

PLEASE Read Instruction Page (attached):

1. YOUR NAME Kate Shoaff	2. EMAIL kate_shoaff@fd.org	3. PHONE NUMBER 503-326-2123	4. DATE 1/5/2018	
5. MAILING ADDRESS Federal Public Defender of OR, 101 SW Main St., Ste. 1700		6. CITY Portland	7. STATE OR	8. ZIP CODE 07204
9. CASE NUMBER 04-cr-435	10. JUDGE William B. Shubb	DATES OF PROCEEDINGS		
		11. FROM 6/14/05	12. TO 6/23/05	
13. CASE NAME USA v. Banister, et al		LOCATION OF PROCEEDINGS		
		14. CITY Sacramento	15. STATE CA	
16. ORDER FOR				
<input type="checkbox"/> APPEAL No. _____		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter.

TRIAL	DATE(S)	REPORTER	HEARINGS	DATE(S)	REPORTER
<input checked="" type="checkbox"/> ENTIRE TRIAL	6/23/2005	Kelly O'Halloran	<input type="checkbox"/> OTHER (Specify Below)		
<input type="checkbox"/> JURY SELECTION					
<input type="checkbox"/> OPENING STATEMENTS					
<input type="checkbox"/> CLOSING ARGUMENTS					
<input type="checkbox"/> JURY INSTRUCTIONS					
<input type="checkbox"/>					
<input type="checkbox"/>					

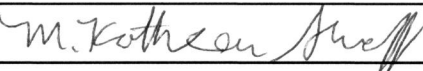
## 18. ORDER (Grey Area for Court Reporter Use)

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## CERTIFICATION (19 &amp; 20)

By signing below, I certify I will pay all charges (deposit plus additional).

ESTIMATE TOTAL

19. SIGNATURE 

PROCESSED BY

20. DATE  
1/5/2018

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

ORDER RECEIVED	DATE	BY	DEPOSIT PAID	TOTAL CHARGES
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	
TRANSCRIPT RECEIVED			LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	